

Sponsorship Reservation Form

Yes! I am happy to become a sponsor at the following level.

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- | | | |
|--------------------------|---------------|----------|
| <input type="checkbox"/> | Premier | \$10,000 |
| <input type="checkbox"/> | Major | \$ 5,000 |
| <input type="checkbox"/> | Galaxy | \$ 2,500 |
| <input type="checkbox"/> | Shooting Star | \$ 1,500 |
| <input type="checkbox"/> | Constellation | \$ 750 |
| <input type="checkbox"/> | Star | \$ 500 |

Company Name _____

Contact _____ Phone # _____

Email _____

Payment enclosed (check) Please send me an invoice

Credit card Name (as on card) _____
Card VISA Master Card
Number _____
Expiration date _____ Zip code _____
Signature _____

Thank you for your support.

Please fax this form to (925) 671-4707 or mail to We Care Services for Children, Attn: Barbara Langsdale, 2191 Kirker Pass Road, Concord, CA 94521. Questions? Please call Barbara Langsdale (925) 849-8891.

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